Image# 14941614258 PAGE 1 / 34

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	or Other Than An Authorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines.	12FE4M5
American Council of Li	fe Insurers Political Action Committee	
ADDRESS (number and street)	101 Constitution Ave., NW	
Check if different	Suite 700	
than previously reported. (ACC)	Washington	DC 20001 -
2. FEC IDENTIFICATION NU	IMBER ▼ CITY ▲	STATE ▲ ZIP CODE ▲
C C00147066	3. IS THIS REPORT X (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb 20 (M2) May 20 (M5) Report Due On:) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3) X Jun 20 (M6)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q	1) (c) 12-Day Primary (12P) PRE-Election	General (12G) Runoff (12R)
Quarterly Report (Q October 15	Report for the: Convention (12C)	Special (12S)
Quarterly Report (Q January 31	3) M M / D D /	y y y y in the
Year-End Report (Y July 31 Mid-Year		State of
Report (Non-election Year Only) (MY)	POST-Election General (30G) Report for the:	Runoff (30R) Special (30S)
Termination Report (TER)	Election on	in the State of
5. Covering Period 05	01 2014 through 05	31 2014
I certify that I have examined the	is Report and to the best of my knowledge and belief it is to	rue, correct and complete.
Type or Print Name of Treasurer	Mr. Donald L. Walker	
Signature of Treasurer Mr. D	Oonald L. Walker [Electronically Filed]	Date 06 / 20 / 2014
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
Office Use		FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

Report Covering the Period: From: 05 01 2014 To: 05 31 2014

		COLUMN A This Period			
6.	(a) Cash on Hand January 1, 2014		463302.78		
	(b) Cash on Hand at Beginning of Reporting Period	486223.98			
	(c) Total Receipts (from Line 19)	54821.13	232842.33		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	541045.11	696145.11		
7.	Total Disbursements (from Line 31)	36000.00	191100.00		
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	505045.11	505045.11		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Council of Life Insurers Political Action Committee

I. Receipts	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	23584.52	101870.13
(i) hemized (use deficació //)	7	
(ii) Unitemized	4236.61	16472.20
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)▶	27821.13	118342.33
	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	27000.00	114500.00
(such as PACs)(d) Total Contributions (add Lines		11400.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	54821.13	232842.33
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
=		
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,
(Refunds, Rebates, etc.)	0.00	
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other Political Committees	0.00	0.00
Other Federal Receipts	0.00	7
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds	0.00	7 7
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
=		
(b) Levin Funds (from Schedule H5)	0.00	0.00
_		
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	54821.13	232842.33
. Total Federal Receipts		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
. Operating Expenditures: (a) Allocated Federal/Non-Federal		Calcillati i Cal-10-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party	7 7				
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	35500.00	187500.00			
Independent Expenditures					
(use Schedule E) Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loan nepayments wave					
Loans Made	0.00	0.00			
Refunds of Contributions To: (a) Individuals/Persons Other					
Than Political Committees	0.00	5.00			
F					
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees		0.00			
(such as PACs)	0.00	0.00			
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0.00	5.00			
(444 211100 20(4), (5), 4114 (6))	7	7 7			
Other Disbursements	500.00	3595.00			
	7				
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0.00	0.00			
(i) Federal Share	0.00	0.00			
(ii) "Lovin" Sharo	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	5.00				
With Federal Funds	0.00	0.00			
(c) Total Federal Election Activity (add	7				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	36000.00	191100.00			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)	36000.00	191100.00			
from Line 31)	30000.00	131100.00			

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	54821.13	232842.33
4. Total Contribution Refunds (from Line 28(d))	0.00	5.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	54821.13	232837.33
i. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

FOR LINE NUMBER: **PAGE** 6 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Kathleen A Farrell Date of Receipt Mailing Address 4635 Squar Creek Ct 2014 City State Zip Code Transaction ID: 59871050 ΝE Lincoln 68516-3037 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Name of Employer Occupation Assurity Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Caren L. Hamilton Date of Receipt Mailing Address 3134 Brentwood Blvd 14 2014 05 City State Zip Code Transaction ID: 59871051 Grand Island NE 68801-7251 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Beardmore Chevrolet Auto Dealership Owner Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. James E. McClurg Date of Receipt Mailing Address 2030 Surfside Drive 2014 05 14 City State Zip Code Transaction ID: 59871052 NF Lincoln 68528-1752 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation Technical Development Resources Compan President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 900.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

Use separate schedule(s) for each category of the Detailed Summary Page

l	_		LINE NUMBER:			PAGE	7	OF	34
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		13		14		15	16	6	17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Council of Life Insu	rers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Angie Muhleisen Mailing Address 6321 Doecreek Cr.		Date of Receipt
		05 14 2014
City	State Zip Code	Transaction ID: 59871267
Lincoln	NE 68516-3796	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Union Bank & Trust Company	President & CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) 3. William W Lester		Date of Receipt
Mailing Address P O Box 81889		05 14 2014
City	State Zip Code	Transaction ID: 59871269
Lincoln	NE 68510-2234	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Ameritas	EVP & Corporate Treasurer	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	500.00	
Full Name (Last, First, Middle Initial) C. Robert-John H Sands		Date of Receipt
Mailing Address 5900 O Street		05 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Lincoln	State Zip Code NE 68510-2234	Transaction ID : 59871270 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	-
Ameritas	Sr VP & Corporate Secretary	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1300.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	OR	LINE	NU	MBER	:	PAGE	8	OF		34
(check only one)										
[×	11a		11b		11c	12			
		13		14		15	16			17

	and Statements may not be sold or used by any pers g the name and address of any political committee t	
NAME OF COMMITTEE (In Full)		
American Council of Life Ins	urers Political Action Committee	
Full Name (Last, First, Middle Initial) Kenneth L VanCleave		Date of Receipt
Mailing Address 475 Fallbrook Blvd		05 14 2014
City	State Zip Code	Transaction ID : 59871271
Lincoln	NE 68521-9033	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	†
Ameritas Life Insurance Corp.	President, Group Division	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3. Tim Stonehocker		Date of Receipt
Mailing Address 5900 O Street		05 14 _ 2014 _
City	State Zip Code	Transaction ID : 59871465
Lincoln	NE 68510-2234	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	500.00
Name of Employer	Occupation	
Ameritas Life Insurance Corp.	Executive Vice President	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Janet Schmidt		Date of Receipt
Mailing Address 4550 Montgomery Avenu 10th Floor	ie	05 14 2014
City	State Zip Code	Transaction ID: 59871466
Bethesda	MD 20814-3304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
Ameritas Life Insurance Corp.	SVP, Director Human Resources	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	250.00	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	al)	1250.00
TOTAL This Period (last page this line num	nber only)	

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 9 OF

TEMIZED RECEIPTS		Use separate schedule(s)		(check only one)						
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Any information copied from such Reports and Sor for commercial purposes, other than using the				or the		ose of	soliciting	contribut	tions	
NAME OF COMMITTEE (In Full)										
American Council of Life Insure	ers Politica	I Action Committee								
Full Name (Last, First, Middle Initial) Mary Rutford				Date of	Re	ceipt				
Mailing Address 7500 Sugar Creek Circle				м = м	/	14	/ Y	2014	Y	
City	State	Zip Code		Trans	acti	on ID :	5987146			
Lincoln	NE	68516		Amount	of	Each R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	C					,	,	250	.00	
Name of Employer	Occupation									
Ameritas Life Insurance Corp.	VP - Tax									
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		250.00	1							
Other (specify) ▼		230.00	4							
Full Name (Last, First, Middle Initial) 3. Susan K Wilkinson				Date of	Re	ceipt				
Mailing Address 5900 O Street				м = м	/	14	/ Y	2014	Υ	
City	State	Zip Code		Transa	acti	on ID :	5987146	8		
Lincoln	NE	68510-2234		Amount	of	Each R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	С					,	,	250	.00	
Name of Employer	Occupation									
Ameritas	Senior Vice	President - Planning & Ris								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General		250.00	1							
Other (specify) ▼		250.00	ч							
Full Name (Last, First, Middle Initial)			Г	Date of	Re	ceipt				
Mailing Address 5900 O Street				M = M	/	D D	/ Y	YYY	Υ	
				05		14	J L	2014		
City	State	Zip Code		Trans	acti	ion ID :	5987146	9		
Lincoln	NE	68510-2234		Amount	of	Each R	eceipt th	is Period		
FEC ID number of contributing federal political committee.	С			_		,	-,	2350	.00	
Name of Employer	Occupation		\dashv							
Ameritas Life Insurance Corp.	Chair, Presi	dent & CEO								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General Other (specify) ▼		2350.00								
SUBTOTAL of Receipts This Page (optional)				_				2850.	00	
TOTAL This Period (last page this line number	only)		· j							

FOR LINE NUMBER: PAGE 10 OF 34 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) James T Morris Date of Receipt Mailing Address 32141 Cook Lane 2014 City State Zip Code Transaction ID: 59871470 CA San Juan Capistrano 92675-3934 Amount of Each Receipt this Period FEC ID number of contributing C 5000.00 federal political committee. Name of Employer Occupation Chairman & CEO Pacific Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas E. Henning CLU Date of Receipt Mailing Address 200 Centennial Mall North 05 19 2014 City State Zip Code Transaction ID: 60312514 NE Lincoln 68508-1618 Amount of Each Receipt this Period FEC ID number of contributing 5000.00 federal political committee. Name of Employer Occupation Assurity Security Group, Inc. President & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. William R. Cintani Date of Receipt Mailing Address 9221 Tuscan CT 05 19 2014 City State Zip Code Transaction ID: 60312748 NF Lincoln 68520-1470 Amount of Each Receipt this Period FEC ID number of contributing 300.00 С federal political committee. Name of Employer Occupation President & CEO Mapes Industries, Inc. Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) 10300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 9

FOR LINE NUMBER: PAGE 11 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Steve Erwin Date of Receipt Mailing Address 7290 Cole Ct 2014 19 City Zip Code State Transaction ID: 60312749 ΝE 68506-3183 Lincoln Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation U.S. Bank National Association President, Nebraska/ Western Iowa Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Marc LeBaron Date of Receipt Mailing Address 6130 The Knolls 05 19 2014 City State Zip Code Transaction ID: 60312752 NE Lincoln 68512-1942 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation Lincoln Industries Chairman & CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Sharon Cheever Date of Receipt Mailing Address 33512 Valle Rd 05 28 2014 City State Zip Code Transaction ID: 60312839 CA San Juan Capistrano 92675-4838 Amount of Each Receipt this Period FEC ID number of contributing 400.00 С federal political committee. Name of Employer Occupation Pacific Life Insurance Company Senior Vice President, General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 12 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Marvin P. Ehly Date of Receipt Mailing Address 9900 Van Dorn Street 2014 27 City Zip Code State Transaction ID: 60312940 ΝE Lincoln 68520-9446 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Vice President & Chief Financial Offic Assurity Life Insurance Company Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Donald L. Walker Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 05 31 2014 City State Zip Code Transaction ID: PR1156427133427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers SVP, Administration & CFO Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Mandana Parsazad Date of Receipt Mailing Address 1914 Horse Shoe Drive 05 31 2014 City Zip Code State Transaction ID: PR1481799833427 Vienna VA 22182-3755 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Counsel, Taxes & Retirement Sec Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 220.00 Other (specify) 400.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 13 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Walter C. Welsh Date of Receipt Mailing Address 101 Constitution Ave, NW 101 Constitution Ave, NW 2014 31 City Zip Code State Transaction ID: PR1550105933427 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation American Council of Life Insurers **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 2008.18 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Kathleen F. Kiernan Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 05 31 2014 City State Zip Code Transaction ID: PR1728112733427 DC Washington 20001-2140 Amount of Each Receipt this Period FEC ID number of contributing 241.36 federal political committee. Name of Employer Occupation American Council of Life Insurers Sr. Counsel, State Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$120.68 Semi-Monthly) 1206.80 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Carolyn C. Cobb Date of Receipt Mailing Address 101 Constitution Ave, NW 05 31 2014 Suite 700 City Zip Code State Transaction ID: PR1821819633427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 229.48 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President & Associate General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$114.74 Semi-Monthly) 1147.40 Other (specify) 887.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 14 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) The Honora Dirk A. Kempthorne Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 31 City Zip Code State Transaction ID: PR1871324533427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 federal political committee. Name of Employer Occupation President and CEO American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Brian Waidmann Date of Receipt Mailing Address 101 Constitution Ave, NW Suite 700 2014 05 31 City State Zip Code Transaction ID: PR1872428333427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 400.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Chief of Staff Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$200.00 Semi-Monthly) 2000.00 Other (specify) Full Name (Last, First, Middle Initial) c. William R Hobbs Date of Receipt Mailing Address 13005 Windsor Circle 05 31 2014 City Zip Code State Transaction ID: PR1964225733427 KS Leawood 66209-1793 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation **VP Finance** Fidelity Security Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 250.00 Other (specify) 866.66 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 15 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Anita Peduzzi Date of Receipt Mailing Address 101 Constitution Avenue Suite 700 W 2014 31 City State Zip Code Transaction ID: PR1978714933427 DC 20001-2146 Washington Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation **PAC Director** American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.67 Semi-Monthly) 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Jessica M. M Hanson Date of Receipt Mailing Address 1707 Prince St. 05 31 2014 City State Zip Code Transaction ID: PR2023274633427 VA Alexandria 22314-2804 Amount of Each Receipt this Period FEC ID number of contributing 83.40 federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Communications Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$41.70 Semi-Monthly) 350.20 Other (specify) Full Name (Last, First, Middle Initial) c. Emily C. C Micale Date of Receipt Mailing Address 101 Constitution Avenue NW 05 31 2014 Suite 700 City Zip Code State Transaction ID: PR2122882033427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 250.00 Other (specify) 216.74 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9

FOR LINE NUMBER: PAGE 16 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) James Szostek Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2014 31 City Zip Code State Transaction ID: PR2122891033427 DC 20001-2133 Washington Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation Public Policy American Council of Life Insurers Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ian F. F Steger Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 05 31 2014 City State Zip Code Transaction ID: PR2160513733427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Legislative Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 225.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Gary E. Hughes Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 West 05 31 2014 City Zip Code State Transaction ID: PR771358233427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 356.64 С federal political committee. Name of Employer Occupation American Council of Life Insurers Executive Vice President & General Cou Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$178.32 Semi-Monthly) 1783.21 Other (specify) 456.64 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Use separate schedule(s)	(check	(check only one)							
for each category of the Detailed Summary Page	X 1	1a		11b		11c		12	
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	e name and address of any political committee t	
NAME OF COMMITTEE (In Full) American Council of Life Insure	ers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Linda H. Cunningham Mailing Address 101 Constitution Avenue, NV	V	Date of Receipt
Suite 700 West		05 31 2014
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771362433427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	116.34
Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Occupation Vice President, Conference Development Aggregate Year-to-Date ▼ 581.69	P/R Deduction (\$58.17 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. John F. Dolan Mailing Address 101 Constitution Ave, NW		Date of Receipt
Suite 700 West City	State Zip Code DC 20001-2133	05 31 2014 Transaction ID : PR771365433427
Washington FEC ID number of contributing federal political committee.	C 20001-2133	Amount of Each Receipt this Period 60.00
Name of Employer American Council of Life Insurers	Occupation Vice President, Media Relations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$30.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Mr. J. Bruce Ferguson		Date of Receipt
Mailing Address 101 Constitution Avenue, NV Suite 700 West City	V State Zip Code	05 31 2014
Washington	DC 20001-2133	Transaction ID : PR771373233427 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	308.12
Name of Employer	Occupation	-
American Council of Life Insurers Receipt For:	Senior Vice President, State Relations	_
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1540.61	P/R Deduction (\$154.06 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		484.46
TOTAL This Period (last page this line number	· only)	

	FOF	LINE	NU	MBER	:	PAGE	 18 OF	-	34
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for each category of the Detailed Summary Page	X	11a		11b		11c	12		
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	g the name and address of any political committee	
American Council of Life Ins	urers Political Action Committee	
Full Name (Last, First, Middle Initial) Ms. Shawn Hausman		Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 West		05 31 2014
City	State Zip Code	Transaction ID : PR771373533427
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	64.22
Name of Employer	Occupation	
American Council of Life Insurers	Sr. Vice President, Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 321.11	P/R Deduction (\$32.11 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. David M. Leifer	1	Date of Receipt
Mailing Address 101 Constitution Avenue	, NW	M = M / D = D / Y = Y = Y
Suite 700 West	Chata 7in Cada	05 31 2014
City	State Zip Code DC 20001-2133	Transaction ID : PR771374033427
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	172.34
Name of Employer	Occupation	
American Council of Life Insurers	Vice President & Associate General Cou	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 861.69	P/R Deduction (\$86.17 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. C. Bryan Cox		Date of Receipt
Mailing Address 101 Constitution Avenue Suite 700 West		05 31 2014
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771376833427
	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	58.40
Name of Employer	Occupation	
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	292.00	P/R Deduction (\$29.20 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional	al)	294.96
TOTAL This Period (last page this line nur	nber only)	

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Use separate schedule(s)	(check only	y one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
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NAME OF COMMITTEE (In Full)	he name and address of any political committee ters Political Action Committee	to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Mr. John W. Mangan CEBS Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 1000.00	Date of Receipt M
Full Name (Last, First, Middle Initial) Ms. Kimberly O. Dorgan Mailing Address 101 Constitution Avenue, N' Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C	Date of Receipt M M M
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	Senior Executive Vice President, Publi Aggregate Year-to-Date ▼ 2083.30	P/R Deduction (\$208.33 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. Morris R. Goff Mailing Address 101 Constitution Avenue, N Suite 700 West City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	W State Zip Code DC 20001-2133 C Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 1017.51	Date of Receipt 05
SUBTOTAL of Receipts This Page (optional).		820.16
TOTAL This Period (last page this line number	er only)	

	FOR LINE NUM	ЛBER:	PAGE	20 OF	
Use separate schedule(s)	(check only one))			
for each category of the Detailed Summary Page	X 11a	11b	11c	12	
	13	14	15	₁₆	

Any information copied from such Reports and St or for commercial purposes, other than using the	ratements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Council of Life Insurer	s Political Action Committee	
Full Name (Last, First, Middle Initial) A. Ms. Brenda S. Nation		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700 West		05 31 2014
City	State Zip Code	Transaction ID : PR771419933427
Washington	DC 20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Debra K. West		Date of Receipt
Mailing Address 101 Constitution Avenue, NW		M = M / D = D / Y = Y = Y
Suite 700 West City	State Zip Code	05 31 2014
Washington	DC 20001-2133	Transaction ID : PR771421033427 Amount of Each Receipt this Period
FEC ID number of contributing	1 2000 1 2100	Amount of Laon Heoeipt this Fellod
federal political committee.	C	100.00
Name of Employer	Occupation	
American Council of Life Insurers	Regional Vice President, State Relatio	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$50.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) C. Ms. Lisa J. Tate		Date of Receipt
Mailing Address 101 Constitution Avenue, NW Suite 700		05 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Washington	State Zip Code DC 20001-2133	Transaction ID : PR771423233427
Washington	20001-2133	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	80.00
Name of Employer	Occupation	
American Council of Life Insurers	VP, Litigation & Assoc. Gen. Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	P/R Deduction (\$40.00 Semi-Monthly)
SUBTOTAL of Receipts This Page (optional)		330.00
TOTAL This Period (last page this line number of	only)	

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Use separate schedule(s)	(check only	/ one)		
for each category of the Detailed Summary Page	X 11a	11b	11c	12
	13	14	15	16

or for commercial purposes, other than using NAME OF COMMITTEE (In Full)	the name and address of any political committee	
Full Name (Last, First, Middle Initial) Mr. John P. John P. Gerni Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Regional Vice President, State Relatio Aggregate Year-to-Date ▼ 375.00	Date of Receipt 05 31 2014 Transaction ID : PR771428733427 Amount of Each Receipt this Period 150.00 P/R Deduction (\$75.00 Semi-Monthly)
Full Name (Last, First, Middle Initial) Mr. David C. Turner Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer	State Zip Code DC 20001-2133 C	Date of Receipt M
American Council of Life Insurers Receipt For: Primary General Other (specify) ▼	EVP, Chief of Staff & Corp. Secretary Aggregate Year-to-Date ▼ 1353.40	P/R Deduction (\$135.34 Semi-Monthly)
Full Name (Last, First, Middle Initial) Ms. Alane R. Dent Mailing Address 101 Constitution Ave, NW Suite 700 City Washington FEC ID number of contributing federal political committee. Name of Employer American Council of Life Insurers Receipt For: Primary General Other (specify)	State Zip Code DC 20001-2133 C Occupation Vice President, Federal Relations Aggregate Year-to-Date ▼ 993.79	Date of Receipt 05 31 2014 Transaction ID : PR771444333427 Amount of Each Receipt this Period 198.76 P/R Deduction (\$99.38 Semi-Monthly)
	<u> </u>	619.44
TOTAL This Period (last page this line numb	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Andrew M. Melnyk Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2014 31 City Zip Code State Transaction ID: PR771445833427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 41.30 federal political committee. Name of Employer Occupation American Council of Life Insurers Managing Director, Research Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$20.65 Semi-Monthly) 206.49 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Julie A. Spiezio Date of Receipt Mailing Address 101 Constitution Avenue NW Suite 700 2014 05 31 City State Zip Code Transaction ID: PR771449633427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$50.00 Semi-Monthly) 400.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Maurice A. Perkins Date of Receipt Mailing Address 101 Constitution Ave, NW 05 31 2014 Suite 700 City Zip Code State Transaction ID: PR805149133427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation American Council of Life Insurers Vice President, Federal Relations Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$208.33 Semi-Monthly) 2083.30 Other (specify) 557.96 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... 9 - 9

FOR LINE NUMBER: PAGE 23 OF (check only one) X 11a 11b 11c

34 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) Mr. Wayne A. Mehlman Date of Receipt Mailing Address 101 Constitution Avenue, NW Suite 700 2014 31 City Zip Code State Transaction ID: PR904819533427 DC Washington 20001-2133 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Occupation American Council of Life Insurers Counsel, Insurance Regulation Receipt For: Aggregate Year-to-Date ▼ Primary General P/R Deduction (\$25.00 Semi-Monthly) 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 50.00 SUBTOTAL of Receipts This Page (optional)..... 23584.52

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 34 (check only one) 11a 11b X 11c 12 13 14 15 16 17 Person for the purpose of soliciting contributions
or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Council of Life Insur	the name and a	ddress of any political committed	
Full Name (Last, First, Middle Initial) Ameritas Life Insurance Corp PAC Mailing Address 5900 O Street City Lincoln FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 68510 0187138 Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) Pacific Life PAC Mailing Address 700 Newport Center Drive City Newport Beach FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation	Zip Code 92660 0068528 Year-to-Date ▼	Date of Receipt M M
Full Name (Last, First, Middle Initial) American Enterprise Mutual Hol Mailing Address 601 6th Avenue City Des Moines FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State IA C Coo	Zip Code 50334 0367524	Date of Receipt M M M
SUBTOTAL of Receipts This Page (optional).			12000.00

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	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 OF 34 (check only one) 11a 11b X 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full) American Council of Life Insure	rs Politica	al Action Committee	
Α.	Full Name (Last, First, Middle Initial) Massachusetts Mutual Life Ins. Co PA Mailing Address 1295 State Street	vC		Date of Receipt
	City	State	Zip Code	05 28 2014 Transaction ID : 60312783
	Springfield	MA	01111	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer	C CO	0118943	5000.00
	Receipt For:	·	Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	5000.00	
В.	Full Name (Last, First, Middle Initial) Thrivent Financial PAC			Date of Receipt
	Mailing Address P.O. Box 1892	01-1-	7'- 0-1-	05 28 2014
	City	State	Zip Code	Transaction ID: 60312784
	Appleton	WI	54912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C cod	0121319	5000.00
	Name of Employer	Occupation		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Sammons Enterprises Inc. PAC			Date of Receipt
	Mailing Address 5949 Sherry Lane Suite 1900			05 28 2014
	City Dallas	State TX	Zip Code 75225	Transaction ID : 60312861 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		5000.00
	Name of Employer	Occupation		
	Receipt For:	Aggregato	Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	5000.00	
5	SUBTOTAL of Receipts This Page (optional)			15000.00

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27000.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 26 OF 34		
ITEMIZED DISBURSEMENTS	Use separate schedule(s	(check only one)			
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	Detailed Summary Page	27	28a 28b 28c 29 30k		
Any information copied from such Reports and Stat	ements may not be sold or u	sed by any perso	on for the purpose of soliciting contributions		
or for commercial purposes, other than using the n					
NAME OF COMMITTEE (In Full)	, ,				
American Council of Life Insurers	Political Action Com	mittee			
	i Ullical Action Con	minuce			
Full Name (Last, First, Middle Initial)					
A. Friends Of Chris Murphy			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 127			05 05 2014		
City	State Zip Code		Transaction ID : 59603515		
Cheshire	CT 06410		Transaction ib . 33003313		
Purpose of Disbursement		044			
		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2000.00		
Mr. Christopher Murphy		Type	200.00		
	ement For: 2018				
Senate >	Primary General				
President	Other (specify)				
State: CT District:					
Full Name (Last, First, Middle Initial)					
B. Friends of Sam Johnson			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address PO Box 860096			05 05 2014		
City	State Zip Code				
Plano	TX 75086		Transaction ID: 59603541		
Purpose of Disbursement	7000				
•		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
Sam Johnson		Type	1000.00		
	ement For: 2014	71			
Senate	Primary X General				
President	Other (specify)				
State: TX District: 03	·				
Full Name (Last, First, Middle Initial)					
C. Friends Of Pat Toomey			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 228 S Washington Street	-		05 05 2014		
Suite 115					
City	State Zip Code		Transaction ID : 59603542		
Alexandria	VA 22314				
Purpose of Disbursement		04.			
Condidate Name		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2000.00		
Sen. Pat Toomey		Туре	2000.00		
	ement For: 2016				
Senate	Primary General				
President	Other (specify)				
State: PA District:					
			5000.00		
SUBTOTAL of Disbursements This Page (optional)		5000.00		
TOTAL This Period (last page this line number on	ly)				

TEMIZED DISBURSEMENTS	I Use set			NUMBER: PAGE 27 OF 34
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Any information copied from such Reports and State or for commercial purposes, other than using the national states.				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers	Political	Action Com	mittee	
Full Name (Last, First, Middle Initial)				
A. Shelby for US Senate				Date of Disbursement
Mailing Address P.O. Box 1091				05 05 2014
City	State	Zip Code		Transaction ID : 59603543
Tuscaloosa	AL	35401		
Purpose of Disbursement			011	Amount of Each Disbursement this Period
Candidate Name			Category/	10000
Richard Shelby			Type	1000.00
Senate President	ment For: Primary Other (sp	General		
State: AL District:				
Full Name (Last, First, Middle Initial) - Hagan For Us Senate				Date of Disbursement
				M M / D D / Y Y Y Y
Mailing Address PO Box 29103				05 05 2014
City	State	Zip Code		Transaction ID : 59603544
Greensboro Purpose of Disbursement	NC	27429		
·			011	Amount of Each Disbursement this Period
Candidate Name			Category/	2000.00
Kay Hagan			Туре	2000.00
Office Sought: House Senate President State: NC District:	Primary Other (spe	X General		
Full Name (Last, First, Middle Initial)				Date of Disbursement
Tiberi for Congress				M M / D D / Y Y Y Y
Mailing Address 217 Third Street, SE				05 05 2014
Mailing Address 217 Third Street, SE	State	Zin Code		
Mailing Address 217 Third Street, SE City Washington	State DC	Zip Code 20003		
Mailing Address 217 Third Street, SE City			011	05 05 2014
Mailing Address 217 Third Street, SE City Washington				Transaction ID : 59603545 Amount of Each Disbursement this Period
Mailing Address 217 Third Street, SE City Washington Purpose of Disbursement			011 Category/ Type	05 05 2014 Transaction ID : 59603545
Mailing Address 217 Third Street, SE City Washington Purpose of Disbursement Candidate Name Patrick Tiberi Office Sought: House Senate President Disburse		20003 2014 General	Category/	Transaction ID : 59603545 Amount of Each Disbursement this Period
Mailing Address 217 Third Street, SE City Washington Purpose of Disbursement Candidate Name Patrick Tiberi Office Sought: House Senate Disburse	ment For:	20003 2014 General	Category/	Transaction ID: 59603545 Amount of Each Disbursement this Period
Mailing Address 217 Third Street, SE City Washington Purpose of Disbursement Candidate Name Patrick Tiberi Office Sought: House Senate President Disburse	ment For: Primary Other (spe	20003 2014 General ecify)	Category/ Type	Transaction ID : 59603545 Amount of Each Disbursement this Period

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Detailed Summary Page 27 288 286 28 306 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) American Council of Life Insurers Political Action Committee Full Name (Last, First, Middle Initial) A. Tiberi for Congress Malling Address 217 Third Street, SE City State Zip Code Washington Date of Disbursement Candidate Name Patrick Tiberi Office Sought: House President State: OH District: 12 Full Name (Last, First, Middle Initial) Skind For Congress Committee Mailing Address 205 5th Avenue South City State Zip Code Will S4601 Purpose of Disbursement Cardegory' Type Date of Disbursement Date of Disbursement this Period Transaction ID : 59603547 Amount of Each Disbursement this Period Cardegory' Type Transaction ID : 59603547 Date of Disbursement this Period Date of Disbursement this Period Date of Disbursement this Period Transaction ID : 59603547 Transaction ID : 59603548 Amount of Each Disbursement this Period City State Zip Code LaCrosse Will S4601 Transaction ID : 59603548 Amount of Each Disbursement this Period City State Zip Code LaCrosse Will S4601 Transaction ID : 59603548 Amount of Each Disbursement this Period City State Zip Code LaCrosse Purpose of Disbursement For: 2014 President President Disbursement For: 2014 Date of Disbursement Disbursement For: 2014 Date of Disbursement Disb	TEMIZED DISBURSEMENTS	for each category of the	(orleast orliny	
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Full Name (Last, First, Middle Initial) A. Tiberi for Congress Mailing Address 217 Third Street, SE City State Zip Code Disbursement Candidate Name Patrick Tiberi Office Sought: Senate President State: WI District: 03 Full Name (Last, First, Middle Initial) State: WI District: 03 Full Name (Last, First, Middle Initial) State: WI District: 03 Full Name (Last, First, Middle Initial) City State: WI District: 03 Full Name (Last, First, Middle Initial) State: WI District: 03 Full Name (Last, First, Middle Initial) City State: WI District: 03 Full Name (Last, First, Middle Initial) City State: WI District: 03 Full Name (Last, First, Middle Initial) City State: WI District: 03 Full Name (Last, First, Middle Initial) City State: WI District: 03 Full Name (Last, First, Middle Initial) City State: WI District: 03 Full Name (Last, First, Middle Initial) City State: Zip Code Under (specify) ▼ Transaction ID : 59603547 Amount of Each Disbursement this Period Category' Type Date of Disbursement Date of Disbursement Category' Type Date of Disbursement this Period Transaction ID : 59603547 Amount of Each Disbursement Category' Type Date of Disbursement this Period Transaction ID : 59603547 Amount of Each Disbursement City State: WI District: 03 Transaction ID : 59603548 Amount of Each Disbursement Transaction ID : 59603548 Amount of Each Disbursement Transaction ID : 59603548 City Category' Type City State: WI Category' Type City State: WI Category' Type City State: WI Category' Type Code Lacrosse Purpose of Disbursement For: 2014 Candidate Name Rep. Ron Kind City State: WI Category' Type Code Lacrosse Purpose of Disbursement For: 2014 Candidate Name Candidate Name Code Category' Type		Dolitical Astica Occa	mail44.c. c	
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Patrick Tiberi Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South City State Zip Code LaCrosse WI 54601 President Other (specify) ▼ Transaction ID: 59603547 Amount of Each Disbursement this Period Office Sought: Visual State Visual Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Rep. Ron Kind City Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Unit Senate President Other (specify) ▼ Date of Disbursement this Period Office Sought: Visual State Visu			Category/	4000.00
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City State Zip Code Suppose of Disbursement Candidate Name Rep. Ron Kind Office Sought:	,			Date of Disbursement
City LaCrosse WI 54601 Purpose of Disbursement Candidate Name Rep. Ron Kind Office Sought: House Senate Prise Counting President State: WI District: 03 Full Name (Last, First, Middle Initial) City State Zip Code Mailing Address 205 5th Avenue South City State Zip Code LaCrosse WI 54601 Candidate Name Rep. Ron Kind City State Zip Code LaCrosse WI 54601 Candidate Name Rep. Ron Kind Candidate Name Rep. Ron Kind City State Zip Code LaCrosse WI 54601 Candidate Name Rep. Ron Kind City State Zip Code Subtraction ID: 59603548 Amount of Each Disbursement Transaction ID: 59603548 Amount of Each Disbursement this Period Category/ Type 1500.00				
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Office Sought:				1500.00
Senate President Other (specify) ▼ State: WI District: 03 Full Name (Last, First, Middle Initial) Kind For Congress Committee Mailing Address 205 5th Avenue South City State Zip Code Usacrosse WI 54601 Purpose of Disbursement Candidate Name Rep. Ron Kind Office Sought: House Senate President Date of Disbursement Transaction ID: 59603548 Amount of Each Disbursement this Period Category/ Type Disbursement For: 2014 Primary General Other (specify) ▼	•		Type	1300.00
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City State Zip Code LaCrosse WI 54601 Purpose of Disbursement Candidate Name Rep. Ron Kind Of Disbursement For: 2014 President Primary General Of General Of Disbursement Of Disbursement For: 2014 Primary General Of Disbursement For: 2014	Kind For Congress Committee			Date of Disbursement
City State Zip Code LaCrosse WI 54601 Purpose of Disbursement Candidate Name Rep. Ron Kind Office Sought: House Senate President President State Zip Code WI 54601 Other (specify) ▼ Transaction ID: 59603548 Amount of Each Disbursement this Period Category/ Type 1500.00	Mailing Address 205 5th Avenue Court			
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Candidate Name Rep. Ron Kind Office Sought: Disbursement For: 2014 Primary General Other (specify) ▼		WI 54601		
Candidate Name Rep. Ron Kind Office Sought: Category/ Type 1500.00	rurpose of Dispursement		011	Assessed of Early District
Rep. Ron Kind Office Sought: House Senate President Disbursement For: 2014 Primary General Other (specify) ▼	Candidate Name			Amount of Each Disbursement this Perio
Office Sought: House Disbursement For: 2014 Senate Primary General Other (specify) ▼				1500.00
President Other (specify) ▼		ment For: 2014	71	
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State: WI District: 03		Other (specify) ▼		
	State: WI District: 03			
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ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(CILCON OTTIS	
	Detailed Summary Page	21b	22 X 23 24 25 28 28c 29
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Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full)			
American Council of Life Insurer	s Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			
A. Jim Renacci For Congress			Date of Disbursement
Mailing Address 150 Smokerise Drive			05 05 2014
City	State Zip Code		Transaction ID - F0002540
Wadsworth	OH 44281		Transaction ID: 59603549
Purpose of Disbursement		011	Amount of Each Disbursement this Period
Candidate Name			
Rep. Jim Renacci		Category/ Type	2500.00
	rsement For: 2014	71: -	
Senate	Y Primary General		
President	Other (specify) ▼		
State: OH District: 16			
Full Name (Last, First, Middle Initial)			
B. Peters for Michigan			Date of Disbursement
Mailing Address P O Box 266			05 05 2014
City	State Zip Code		Transaction ID : 59603550
Bloomfield Purpose of Disbursement	MI 48303		
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	
Gary Peters		Type	1000.00
	rsement For: 2014		
Senate	Primary General		
President State: MI District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. Citizens For Waters			Date of Disbursement
Mailing Address 2700 Wilehire Blad			05 05 2014
Mailing Address 3700 Wilshire Blvd Suite 1050-B			03 03 2014
City	State Zip Code		Transaction ID : 59603552
Los Angeles	CA 90010		Transaction ID : 59005552
Purpose of Disbursement		244	
Candidate Name		011	Amount of Each Disbursement this Period
Rep. Maxine Waters		Category/ Type	1000.00
	rsement For: 2014	Туре	
Senate	Primary General		
President	Other (specify) ▼		
State: CA District: 35	·		
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SUBTOTAL of Disbursements This Page (optional	al)		4500.00
TOTAL This Period (last page this line number of	nly)		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
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	no and address of any poiltie	oar committee to	Solicit Contributions from Such Confidence
NAME OF COMMITTEE (In Full)	Dollting Antina Or	ma i44 c =	
American Council of Life Insurers I	Political Action Com	mittee	
Full Name (Last, First, Middle Initial)			Data of Bishamana
· The Freedom Fund			Date of Disbursement
Mailing Address 128 North Columbus Street			05 05 2014
City	State Zip Code		Transaction ID: 59603553
Alexandria	VA 22314		Transaction ib . 39003333
Purpose of Disbursement		011	Amount of Each Disbursement this Per
Candidate Name		Category/	
		Type	2000.00
Office Sought: House Disbursel Senate President	ment For: Primary General Other (specify) ▼		
State: District:	(-		
Full Name (Last, First, Middle Initial)			
Prairieland PAC			Date of Disbursement
Mailing Address 228 S Washington St Suite 115			05 05 2014
City Alexandria	State Zip Code VA 22314		Transaction ID : 59603555
Purpose of Disbursement		011	Amount of Each Dishursoment this Day
Candidate Name			Amount of Each Disbursement this Per
Prairieland PAC		Category/ Type	1000.0
Office Sought: House Disburser Senate	ment For: Primary General	Турс	
State: President State:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Date of Disbursement
- Nancy Pelosi For Congress			M M / D D / Y Y Y Y
Mailing Address 700 13th St NW Suite 600			05 05 2014
City	State Zip Code		Transaction ID : 59603556
Washington	DC 20005		11a113a0tion ib . 33003330
Purpose of Disbursement		011	Amount of Each Dichard and Hill D
Candidate Name			Amount of Each Disbursement this Per
Rep. Nancy Pelosi		Category/ Type	2500.00
	ment For: 2014 Primary General Other (specify)	71	
State: CA District: 08	• • • • •		
SUBTOTAL of Disbursements This Page (optional)			5500.00
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 31 OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b	one) 22 X 23 24 25
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NAME OF COMMITTEE (In Full)			
angle American Council of Life Insurers I	Political Action Comr	nittee	
Full Name (Last, First, Middle Initial)			
- Nancy Pelosi For Congress			Date of Disbursement
Mailing Address 700 13th St NW Suite 600			05 05 2014
City	State Zip Code		Transaction ID : 59603558
Washington	DC 20005		Transaction ib . 39003330
Purpose of Disbursement		011	Amount of Each Disbursement this Perio
Candidate Name		Catagory	
Rep. Nancy Pelosi		Category/ Type	500.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary ☐ General Other (specify) ▼		
State: CA District: 08			
Full Name (Last, First, Middle Initial)			
Rob Portman for US Senate			Date of Disbursement
Mailing Address 9856 Archer Lane			05 05 2014
City Dublin	State Zip Code OH 43017		Transaction ID: 59603559
Purpose of Disbursement	43017		
		011	Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Mr. Rob Portman		Type	200.00
Senate President	ment For: 2016 Primary General Other (specify)		
State: OH District: Full Name (Last, First, Middle Initial)			
Royce Campaign Committee			Date of Disbursement
Mailing Address P.O. Box 2525			05 05 2014
City	State Zip Code		
Orange	CA 92859		Transaction ID: 59603561
Purpose of Disbursement			
Candidate Name		011	Amount of Each Disbursement this Period
		Category/	1000.00
Ed Royce Office Sought: House Senate President Disburse	ment For: 2014 Primary General Other (specify)	Туре	7
State: CA District: 40	•		
SUBTOTAL of Disbursements This Page (optional)			3500.00
TOTAL This Period (last page this line number only)		

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE 32 OF 34
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NAME OF COMMITTEE (In Full)				
American Council of Life Insurers	Political Action Com	mittee		
Full Name (Last, First, Middle Initial)				
A. Paul Ryan for Congress			Date of Disbursement	/
Mailing Address P.O. Box 1488			05 05	2014
City	State Zip Code		Transaction ID: 596	203563
Janesville	WI 53547		Transaction ID . 590	003362
Purpose of Disbursement		011	Amount of Each Disb	ursement this Period
Candidate Name		Category/		1000.00
Paul Ryan		Туре	7	1000.00
Office Sought: House Disburse Senate President	ment For: 2014 Primary General Other (specify) ▼			
State: WI District: 01				
Full Name (Last, First, Middle Initial)				
B. Richard E. Neal for Congress Cor	nmittee		Date of Disbursement	·
Mailing Address 76 Magnolia Terrace			05 05	2014
City Springfield	State Zip Code MA 01108		Transaction ID: 590	603564
Purpose of Disbursement		011	Amount of Each Disb	ursement this Period
Candidate Name		Category/		1000.00
Richard Neal		Type		1000.00
Senate President	ment For: 2014 Primary General Other (specify) ▼			
State: MA District: 02 Full Name (Last, First, Middle Initial)				
C. Richard E. Neal for Congress Cor	nmittee		Date of Disbursement	t
Mailing Address 76 Magnolia Terrace			05 05	2014
City	State Zip Code			
Springfield	MA 01108		Transaction ID: 590	603565
Purpose of Disbursement				
Candidate Name		011	Amount of Each Disb	ursement this Period
Richard Neal		Category/		2000.00
	ement For: 2014	Туре		9 1 2
Senate President	Primary			
State: MA District: 02	·			
SUBTOTAL of Disbursements This Page (optional)		·····		4000.00
TOTAL This Period (last page this line number only	r)	·····		7

SCHEDULE B (FEC Form 3X)	Han annual colored ()	FOR LINE	NUMBER:	PAGE 33 OF 34
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	e separate schedule(s) (check only one)		
	Detailed Summary Page	21b 27	22 X 23 28b	24 25 26 28c 29 30
Any information conical from such Density and Claim	anto mou not be seld as			
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
American Council of Life Insurers F	Political Action Com	mittee		
/				
Full Name (Last, First, Middle Initial)				
A. Congressional Black Caucus PAC			Date of Disbursem	nent
Mailing Address 227 Massachusetts Ave NE			05 05	2014
Suite 201			05 05	2014
	State Zip Code			
Washington	DC 20002		Transaction ID :	59603566
Purpose of Disbursement				
		011	Amount of Each D	isbursement this Period
Candidate Name		Category/		5000.00
Office Sought: House Disbursen	aont For:	Туре	7	4
	Primary General			
	Other (specify)			
State: District:	(1 · 3/ ¥			
Full Name (Last, First, Middle Initial)				
В.			Date of Disbursem	nent
			M = M / D = D	/
Mailing Address				
City	State Zip Code			
Oity	orate Zip Code			
Purpose of Disbursement				
		I II	Amount of Each D	isbursement this Period
Candidate Name		Category/		
000	. =	Type		
Office Sought: House Disbursen Senate				
	Primary General Other (specify) ▼			
State: District:	Carol (opcolly)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursen	nent
			M M / D D	/ Y Y Y Y Y
Mailing Address				
City	State Zip Code			
,	•			
Purpose of Disbursement				
			Amount of Each D	isbursement this Period
Candidate Name		Category/		
Office Sought: House Disbursen	aont For:	Туре		
	Primary General			
	Other (specify)			
State: District:	Carlot (opcony)			
SUBTOTAL of Disbursements This Page (optional)				5000.00
TOTAL This Period (last page this line number only).			1	35500.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 34		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)				
I I LIVIIZED DISDUNSLIVIEN IS	for each category of the Detailed Summary Page	21b	22 23 24 25 26		
	Detailed Suffilliary rage	27	28a 28b 28c X 29 30b		
Any information copied from such Reports and States					
or for commercial purposes, other than using the nar	ne and address of any politi	cal committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		_			
$ \; angle$ American Council of Life Insurers I	Political Action Com	mittee			
Full Name (Last, First, Middle Initial)		i			
A. Citizens for Kevin Bacon			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address 5325 Ponderosa Dr			05 14 2014		
City	State Zip Code				
Columbus	OH 43231		Transaction ID: 59800543		
Purpose of Disbursement					
Kevin Bacon, STATE SENATE 3rd OH		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	500.00		
OH Sen. Kevin Bacon Office Sought: House Disburse	mont For:	Туре	333.00		
Office Sought: House Dispursel	ment For: Primary General		Kovin Pagen, STATE SENATE 2-4 OU		
President	Other (specify)		Kevin Bacon, STATE SENATE 3rd OH		
State: District:	· · · · · · · · · · · · · · · · · · ·				
Full Name (Last, First, Middle Initial)					
В.			Date of Disbursement		
Mailing Address			M = M / D = D / Y = Y = Y		
Mailing Address					
City	State Zip Code				
Daniel (Disk					
Purpose of Disbursement			Amount of Each Disbursement this Period		
Candidate Name		Cotamani	, and an end bisbursement this reliou		
		Category/ Type			
Office Sought: House Disburser	ment For:				
Senate	Primary General				
President State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
C.			Date of Disbursement		
			M M / D D / Y Y Y		
Mailing Address					
City	State Zip Code				
∪ny .	Ciaio Zip Oode				
Purpose of Disbursement					
Candidata Nama			Amount of Each Disbursement this Period		
Candidate Name		Category/			
Office Sought: House Disburser	ment For:	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: District:					
			500.00		
SUBTOTAL of Disbursements This Page (optional)		·····•	500.00		
TOTAL This Period (last page this line number only)		500.00		
i	,				